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STD. 262 (REV. 10/92)

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|---|----------|-------------------------------------|---------|
| PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) | | NORMAL WORK HOURS | |
| 3.30.10 = Membership fee for the State Bar of California | | PRIVATE VEHICLE LICENSE NUMBER | |
| | | MILEAGE RATE CLAIMED | |
| | | AGENCY ACCOUNTING OFFICE | |
| | | USE ONLY | |
| | | PAID BY REVOLVING FUND CHECK NUMBER | |
| I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | | 241038 | |
| CLAIMANT | DATE | SIGNATURE OF OFFICER APPROVING | PAYMENT |
| | 5/18/10 | | |
| SIGNATURE OF TITLE OF AUTHORITY FOR USE | EXPENSES | | DATE |
| | | | 5/18/10 |